

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04342

## 1. PLACE OF DEATH

County Wicomico No. 333 Registration Dist. No. 333  
 Village or City Salisbury, Md. No. 111-111-111-111  
 Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U.S. If of foreign birth? yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. Bridgeville, Del. St. Ward. 7

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (circle the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>about 40</u>				

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bridgeville, Del. Date 4-19-3319. UNDERTAKER  
(Address)H. E. Hardisty, Son  
Bridgeville, Del.20. FILED Apr. 29, 1933 R. May Turner

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4-19-33, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

4-19-33, 1933, to 4-19-33, 1933; death is said

to have occurred on the date stated above, at Bridgeville, m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Salter fracture

Date of onset

4-19-33

Other Contributory Causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? Chemical Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19-33Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

(Address)

M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04343

## 1. PLACE OF DEATH

County

Belvoir

Registration Dist. No. 331

Village or City

Belvoir

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Baby Atkins

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 30<sup>th</sup> 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Belvoir - Md.

## MOTHER FATHER

13. NAME

Ralph M. Atkins

14. BIRTHPLACE (city or town)

Belvoir - Md.

(State or country)

15. MAIDEN NAME

Thelma M. Howard

16. BIRTHPLACE (city or town)

Belvoir - Md.

(State or country)

17. INFORMANT

(Address)

Mother

Belvoir - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Reservoir

Date

April 30, 1933

19. UNDERTAKER

(Address)

Parsons

20. FILED

(Address)

April 30, 1933 Mo. &amp; M. Waller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)30  
(Day)1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

I last saw him alive on 19. to 19. death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Stillborn - Seven Months

Date of onset

## Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William E. Snarey M. D.  
(Address) Belvoir - Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04344

333

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

157-c

Registration Dist. ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED. (Write the word)Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

single

6. DATE OF BIRTH (month, day, end year)

Apr. 27, 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

## MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or Country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date Apr. 30, 1933

19. UNDERTAKER  
(Address)20. FILED Apr. 29, 1933 Dr. May Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4-29-

(Month) (Day)

1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

4-27, 1933, to 4-29-, 1933; death is said

I last saw h. in alive on 4-29-, 1933; death is said  
to have occurred on the date stated above, at 12 M. <sup>o</sup>The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Failure of breathing valve  
to close (Blue baby)

Date of onset

Other Contributory Causes of importance:

Faulty circulation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04345

M  
T  
V. S. No. 1  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MicromicVillage or City SalisburyLength of residence in city or town where death occurred 3 yrs.Registration Dist. No. 333St. 9 Ward 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

N. John B. Parsons' Home St. 9 Ward 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs.How long in U. S. if of foreign birth? mos. yrs. mos. ds.2. FULL NAME Miss Laura Bagnell(a) Residence: No. Salisbury Md. St. 9 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

June 9, 1865

7. AGE Years 67 Months 10 Days 19 If LESS than  
1 day, 1 hrs. or 0 min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Baltimore

Md.

## 13. NAME

Michael Bagnell

## 14. BIRTHPLACE (city or town)

(State or country)

Ireland

## 15. MAIDEN NAME

Catherine Connor

## 16. BIRTHPLACE (city or town)

(State or country)

Ireland

## 17. INFORMANT

(Address)

Mrs. Loria B. ShockleySalisbury, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

(Address)

Parsons Cem. SalisburyApril 29, 1933

## 19. UNDERTAKER

(Address)

The Hill & Johnson Co.Salisbury Md.

## 20. FILED

(Address)

Apr 29, 1933W. May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr.28

(Month)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. Apr 28 alive on Apr 28, 1933; death is saidto have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Vaso. Neur.Hemato. Meltitis

Date of onset

1933

1931

Other Contributory Causes of Importance:

Leptin Haem

1932

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04347

## 1. PLACE OF DEATH

County WicomicoVillage or City Salisbury

(48)

Registration Dist. No. 333Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos.2. FULL NAME Miss Emily S. Bitting(a) Residence: No. John B. Parsons Home St. 9 Ward.

(Usual place of abode)

Baltimore

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE ofSingle

## 6. DATE OF BIRTH (month, day, and year)

7. AGE 66 Years 11 Months 14 DaysIf LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.May 9, 1866

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationNone12. BIRTHPLACE (city or town)  
(State or country)

## 13. NAME

George A. Bitting14. BIRTHPLACE (city or town)  
(State or country)New BrunswickPa.15. MAIDEN NAME Theodosia Bye Weitz16. BIRTHPLACE (city or town)  
(State or country)New BrunswickPa.17. INFORMANT Mrs. Lonja B. Shockley  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Crumpton Md. Date April 25, 193319. UNDERTAKER The Hill & Johnson Co.  
(Address)20. FILED 4/25/33 M. D. May Turner

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

George A. Bitting  
Salisbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04348

## 1. PLACE OF DEATH

County Wicomico Co.Registration Dist. No. 333Village or City Eastern Shore Branch of State Lib. Assn.St. 13 Ward

Length of residence in city or town where death occurred

yrs. 1 mos. 8 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME William James Booker

(a) Residence: No.

Federalburg Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofsingle

6. DATE OF BIRTH (month, day, and year)

5/3/14

7. AGE

18

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Farm labour9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.3 weeks in canning  
factory about summer10. Date deceased last worked at  
this occupation (month and  
year)Oct 193211. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Denton Md.  
(State or country)

MOTHER FATHER

13. NAME

James Booker

14. BIRTHPLACE (city or town)

Md.  
(State or country)

15. MAIDEN NAME

unk

16. BIRTHPLACE (city or town)

unk

(State or country)

17. INFORMANT

Eastern Shore Lib. Assn.  
(Address)Federalburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalburg Md. Date April 14, 1933

19. UNDERTAKER

(Address) J. J. Gramplum Son

20. FILED

(Address) Apr 12, 1933 by May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)12  
(Day)1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 4, 1933 to Apr. 12, 1933I last saw him alive on Apr. 12, 1933; death is said  
to have occurred on the date stated above, at 10 1/2 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis 7

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? post mortem Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) S. H. Hendle

M. D.

(Address) Eastern Shore BranchNo. 1 Lib. Assn.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04349

## 1. PLACE OF DEATH

County MontgomeryVillage or City W. Siloam

Length of residence in city or town where death occurred

1 yrs. 0 mos. 0 ds. If death occurred in a hospital or institution, give its NAME instead of street and number

No.

Registration Dist. No.

333

St. 7 Ward

2. FULL NAME Sallie Ann Bounds(a) Residence: No. W. Siloam, Md.

(Usual place of abode)

St. 7 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 8, 1861.

7. AGE

Years 70 Months 9 Days 18 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

at None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME Jones Bounds

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME Ann Maria White

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT Mrs. Alice J. Bounds  
(Address) Silsbury, Md. P.O. 1

18. BURIAL, CREMATION OR REMOVAL

Place Silsbury, Md. Date 4/8/33, 1919. UNDERTAKER The Willi Wilson Co.(Address) Silsbury, Md.20. FILED Apr 8 1933 O. May Turner

Registrar.

## 21. DATE OF DEATH

April  
(Month)6  
(Day)1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Apr 1, 1933, to Apr 6, 1933

I last saw her alive on Apr 5, 1933; death is said  
to have occurred on the date stated above, at 1:10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

cardiac hemorrhage

Date of onset

## Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James W. Johnson  
(Address) Silsbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04350

## 1. PLACE OF DEATH

County WicomicoVillage or City SalisburyLength of residence in city or town where death occurred 20 yrs.

91a

Registration Dist. No.

333

St. 13 Ward

No. 305 Washington

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 303 - Washington, St. 13 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMrs. Ellen A. Bowman

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>78</u> Years	Months <u>0</u>	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Somerset Co. Maryland

MOTHER

FATHER

13. NAME Robert H. Bowman14. BIRTHPLACE (city or town)  
(State or country)Somerset Co. Md.15. MAIDEN NAME Margaret Laws16. BIRTHPLACE (city or town)  
(State or country)Somerset Co. Maryland17. INFORMANT Miss Addie Bowman  
(Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parson's Team, Salisbury Date April 10, 1933 Time 2:30 P.M.19. UNDERTAKER The Hill & Johnson Co.  
(Address) Salisbury, Md.20. FILED Apr. 10, 1933 V. May Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 7, 1933, 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 7, 1933, to April 7, 1933; death is said

to have occurred on the date stated above, at 5:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis  
initial  
mitral murmur, acute  
duration: unknownacute  
mitral murmur, acute  
duration: unknown

Other Contributory Causes of importance:

Exertion

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 19Where did Injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. May Turner M. D.(Address) Salisbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04351

MARYLAND TUBERCULOSIS SANATORIUM

## 1. PLACE OF DEATH

County WicomicoVillage or City SalisburyEASTERN SHORE BRANCH Registration Dist. No. 333

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

12 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(23)

## 2. FULL NAME

(a) Residence: ND. E Clyde Burbage

St. \_\_\_\_\_ Ward. \_\_\_\_\_

Powellville, Md.  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of violette Burbage

6. DATE OF BIRTH (month, day, and year) July 5, 1870

7. AGE <u>62</u>	Years <u>9</u>	Months <u>6</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Spinner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Silk mill

10. Date deceased last worked at this occupation (month and year) until 1931 1931 ago

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (city or town)  
(State or country) M. Berlin, Md.

13. NAME com. S. Burbage

14. BIRTHPLACE (city or town)  
(State or country) M. Powellville, Md.

15. MAIDEN NAME Cordelia S. Dennis

16. BIRTHPLACE (city or town)  
(State or country) M. Powellville, Md.

17. INFORMANT Eastern Shore Tub. San.  
(Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Longwood Cemetery Date Apr. 13, 1933  
Newcastle Co. 1st 1933

19. UNDERTAKER James & Son Inc.  
(Address) 101 Jefferson St. Atlantic

20. FILED Apr. 12, 1933 8: May Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 11, 1933  
(Month) (Day) (Year)I HEREBY CERTIFY. That I attended deceased from March 30, 1933, to April 11, 1933I last saw him alive on April 1, 1933; death is said to have occurred on the date stated above, at 7:57 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset  
3 yrs ago

Other Contributory Causes of importance:

Name of operation None Date of 1933What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Charles S. Steecken M. D.  
(Signed) Charles S. Steecken  
(Address) EASTERN SHORE TUBERCULOSIS SANATORIUM, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Other contributory causes of importance:

Gallstones	May 1, 1923

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04352

## 1. PLACE OF DEATH

County WicomicoVillage or City Eden Md.Length of residence in city or town where death occurred 27 yrs.No. R.D. #1.Registration Dist. No. 333St. 7 Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 0 ds. 0 How long in U. S. if of foreign birth? yrs. 0 mos. 02. FULL NAME Hester J. Carey.(a) Residence: No. R.D. #1. Eden Md.

(Usual place of abode)

St. 7 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) MARRIED6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of James E. Carey.6. DATE OF BIRTH (month, day, and year) Feb. 4. 18477. AGE 86 Years 2 Months 1 Days 1 If LESS than  
1 day, 1 hrs.  
or 0 min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. House wif.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. 10. Date deceased last worked at  
this occupation (month and  
year) Aug. 192811. Total time (years)  
spent in this  
occupation 12. BIRTHPLACE (city or town)  
(State or country) Whittemore, Worcester Co.13. NAME unknown unknown14. BIRTHPLACE (city or town)  
(State or country) unknown15. MARIOON NAME unknown16. BIRTHPLACE (city or town)  
(State or country) unknown17. INFORMANT Mr. James E. Carey.  
(Address) R.D. #1. Eden Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Eden Md. Cem. Date April 6. 193319. UNDERTAKER Holloway & Co.  
(Address) Salisbury, Maryland.20. FILED Apr. 6. 1933 D. Gray Turner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 5

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 30, 1932 to April 6, 1933I last saw him alive on April 5, 1933; death is said  
to have occurred on the date stated above, at 4 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Acute Tons. Heart -  
Cirr. Scler. nephritis

Date of onset

4/3/33

Other Contributory Causes of Importance:

Arterio - Ocularis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04354

## 1. PLACE OF DEATH

County *Wicomico*Village or City *Wicomico*

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. *237*

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Alex Eby Cook*

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Nov. 30. 1932*

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		4	2	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) *Wicomico*13. NAME *Stephen Cook*14. BIRTHPLACE (city or town)  
(State or country) *Md.*15. MAIDEN NAME *Frances Morris*16. BIRTHPLACE (city or town)  
(State or country) *Md.*17. INFORMANT *Stephen Cook*  
(Address) *Wicomico Md.*18. BURIAL, CREMATION, OR REMOVAL  
Place *Wicomico* Date *Apr. 3, 1933*19. UNDERTAKER *Derry Wright*  
(Address) *Wicomico*20. FILED *Apr. 2, 1933* By *Woolford Wally*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Apr. 2*

(Month) (Day), 19 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*No physician is attending.**not well since birth*

Other Contributory Causes of importance:

*Lack of care and improper feeding.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *P. Woolford Wally*  
(Address) *Nanticoke Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND CERTIFICATE OF DEATH

04355

## 1. PLACE OF DEATH

County **Wicomico**Village or City **Saboty Md.**

Length of residence in city or town where death occurred

yrs.

*Dr. Potter* (S)

Registration Dist. No.

333

St. 9

Ward

NO. **617 West Main**

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

**William J. Daisey**(a) Residence: No. **617. W. Main st. Saboty Md.**

(Usual place of abode)

St. 9 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)6. If married, widowed, or divorced **Widower**HUSBAND OF **Elizabeth Daisey**7. DATE OF BIRTH (month, day, end year) **Aug. 12. 1863**8. AGE **69** Years **8** Months **4** Days If LESS than1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.9. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. **Fanner**10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. **None**11. Total time (years) spent in this occupation **1922**12. BIRTHPLACE (city or town) **Baltimore** (State or country) **Unknown**13. NAME **No Record**14. BIRTHPLACE (city or town) **Unknown** (State or country) **Unknown**15. MAIDEN NAME **No Record**16. BIRTHPLACE (city or town) **Unknown** (State or country) **Unknown**17. INFORMANT **Mrs. Blanche Hastings** (Address) **617. W. Main st. Saboty Md.**18. BURIAL, CREMATION, OR REMOVAL Place **Parsons Cemetery** Date **April 18. 1933**19. UNDERTAKER **Holloway & Co.** (Address) **Saboty Maryland**20. FILED **Apr 18. 1933.** **D. Gray Turner** Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **April. 18**(Month) **April** (Year) **1933**

22. I HEREBY CERTIFY That I attended deceased from

**Feb. 20, 1933 to Apr. 18, 1933**I last saw him alive on **Apr. 15, 1933**; death is saidto have occurred on the date stated above at **1325 P.M.**

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

**Chronic Intestinal  
Nephritis -**

Other Contributory Causes of importance:

**Tuberculosis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? **No** Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify \_\_\_\_\_

(Signed) **Dr. Potter** M. D.(Address) **Saboty Maryland**

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

	Date of onset

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County AlleganyVillage or City Saboty Md.Dr. Mann92-a

Registration Dist. No.

64356

333

St. 5 Ward

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No 129 Liberty at Saboty Md. St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

John S. Erickson

## 6. DATE OF BIRTH (month, day, end year)

7. AGE  
Years      Months      Days  
68      10      7.If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

June 22, 1933

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Saboty Maryland

## 13. NAME

William Farlow

14. BIRTHPLACE (city or town)  
(State or country)

Saboty Maryland

## 15. MAIDEN NAME

Sarah J. Elliott

16. BIRTHPLACE (city or town)  
(State or country)

Albion R.D.

## 17. INFORMANT

Mrs Myrtle A. Davis

## (Address)

129 Liberty St. Saboty Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Christian Church Crem.

## (Address)

John H. Polk &amp; Co.

## (Address)

Maryland

## (Address)

Apr 10, 1933

## (Address)

Dr May Turner

## (Address)

Registrar.

## 21. DATE OF DEATH

April 8  
(Month) (Day), 1933  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

March 20, 1933, to April 8, 1933

I last saw her alive on April 8, 1933; death is said  
to have occurred on the date stated above, at 12 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic Nephritis

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury \_\_\_\_\_

## Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Walter R. Mann M. D.(Address) Saboty Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64357

## 1. PLACE OF DEATH.

County

Pennsylva. Gen. Hospital (46)

Registration Dist. No.

333

Village or City

Salisbury, Md. No. of rooms Co. St. 13 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME.

(a) Residence: No.

Handy Donohoe

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

W. Asaphah Robinson

Widower

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Marblecreek

Marblecreek, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

6/20 P.M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 6 1923	July 5, 1927

Other contributory causes of importance:		
Gallstones	May 1, 1923	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:		
Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH

County Guantanamo \_\_\_\_\_  
Village or City Guantanamo \_\_\_\_\_

Registration Dist. No. 331

04358

St. Ward

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mahaledause Gale

(a) Residence: No. Guantanamo MD St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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6a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, end year) 1915 June 6

7. AGE <u>17</u> Years	Months <u>10</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Schoolgirl</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Schoolgirl</u>
10. Date deceased last worked at this occupation (month and year) <u>no</u>	11. Total time (years) spent in this occupation <u>no</u>

12. BIRTHPLACE (city or town) Guantanamo MD  
(State or country)

13. NAME Mem Gale

14. BIRTHPLACE (city or town) Guantanamo MD  
(State or country)

15. MAIDEN NAME Priscilla Douglas

16. BIRTHPLACE (city or town) Montgomery MD  
(State or country)

17. INFORMANT Pro. Priscilla Gale  
(Address) Guantanamo MD

18. BURIAL, CREMATION, OR REMOVAL  
Place Guantanamo MD Date Apr. 11, 1933

19. UNDERTAKER John Stewart  
(Address) Salisbury MD

20. FILED April 11, 1933 Mo. of Health  
Registrar A. J. Brown

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April

(Month) 10 (Day) 10 (Year) 1933

22. I HEREBY CERTIFY. That I attended deceased from Dec 28, 1932 to April 10, 1933

I last saw her alive on April 10, 1933; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of the lungs

Date of onset

not known

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. J. Brown M. D.

(Address) Salisbury MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 8 1933	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	MAY 8 1933	Date of onset	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	May 1, 1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04359

## 1. PLACE OF DEATH

County MarylandVillage or City Maryland

(131)

Registration Dist. No. 333St. ✓ Ward

Length of residence in city or town where death occurred

60 yrs.

mos.

ds

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs.

mos.

ds.

2. FULL NAME Garlie C. Gillis(a) Residence: No. Quarantine, Md.

(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) Sept. 3, 1859.7. AGE Years 73 Months 6 Days 22 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) ✓11. Total time (years)  
spent in this  
occupation ✓12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Thomas C. Gillis14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Elizabeth C. Gillis16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Mr. Hill Gillis  
(Address) Maryland, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Quarantine, Md. Date 4/17/33, 1919. UNDERTAKER The Hill & Johnson Co.  
(Address) Salisbury, Md.20. FILED Apr. 27, 1933 W. May Turner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 15, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 11, 1933 to Apr. 25, 1933I last saw him alive on Apr. 25, 1933; death is said  
to have occurred on the date stated above, at 3 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:ceracineDate of onset  
Apr. 11

Other Contributory Causes of Importance:

Chronic myocarditis  
cliopteryx  
ulcerates

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address) W. May Turner, M.D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04360

## 1. PLACE OF DEATH

County WicomicoVillage or City ManticokeRegistration Dist. No. 337St. WardLength of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elmerin Hardy(a) Residence: No. Manticoke

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Col.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OFWillie Hardy

6. DATE OF BIRTH (month, day, and year)

1878

7. AGE

Years about 55Months ?Days ?If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None10. Date deceased last worked at this occupation (month and year) about 193311. Total time (years) spent in this occupation 25 yrs12. BIRTHPLACE (city or town)  
(State or country) Manticoke13. NAME Samuel Hardy14. BIRTHPLACE (city or town)  
(State or country) Manticoke15. MAIDEN NAME Rosetta Conway16. BIRTHPLACE (city or town)  
(State or country) Manticoke17. INFORMANT Lutrell B. Osey  
(Address) Manticoke Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Manticoke Md. Date April 9, 193319. UNDERTAKER Mrs. E. H. Mason & Sons(Address) Baltimore Md.20. FILED April 7, 1933 P. Woolford Dally

Registrar

## 21. DATE OF DEATH

April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from

March 25, 1933 to April 5, 1933I last saw him alive on April 5, 1933; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart attackStroke

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) D. Allen Dally  
(Address) Manticoke, Md.

V. S. No. 1  
MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04361

## 1. PLACE OF DEATH

County

Delaware

(131)

Registration Dist. Nd.

336

Village or City

Delmar Del

St.

Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds. How long in U. S. if of foreign birth?

yrs.

mos.

## 2. FULL NAME

Eliza Emma Hastings

St. Ward.

(a) Residence: Nd.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

William J Hastings decd

6. DATE OF BIRTH (month, day, and year)

Oct - 21 - 1869

7. AGE

Years

73

Months

5

Days

12

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

at Home

12. BIRTHPLACE (city or town)

(State or country)

Delaware

## MOTHER FATHER

13. NAME

James Lowe

14. BIRTHPLACE (city or town)

(State or country)

Delaware

15. MAIDEN NAME

Lydia Culver

16. BIRTHPLACE (city or town)

(State or country)

Delaware

17. INFORMANT

(Address)

William J Hastings

18. BURIAL, CREMATION, OR REMOVAL

Place

Hastings Cem

Date April 5 - 1933

19. UNDERTAKER

(Address)

William S Mayo

20. FILED

Date

April 4 1933

Registrar.

## 21. DATE OF DEATH

April  
(Month)5  
(Day)1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1933 to April 3, 1933, death is said

I last saw her alive on April 3, 1933.

to have occurred on the date stated above, at 12:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Influenza  
Nephritis

Date of onset

## Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. E. DeLoach M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04362

333

## 1. PLACE OF DEATH

County WicomicoDr. W. H. Wauke

(181)

Registration Dist. No.

St. 13 Ward

Village or City Saboty Maryland

No. 306 Wicomico

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs.

mos.      ds.      How long in U. S. If of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Elijah Hastings

(a) Residence: No. 306 Wicomico St. Saboty

St. 13 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofGeorge H. Hastings

6. DATE OF BIRTH (month, day, and year)

Jan. 2 1851

7. AGE

Years      Months      Days

82      X      X

If LESS than  
1 day,      hrs.  
or      min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)about 192311. Total time (years)  
spent in this  
occupationhouse wife

12. BIRTHPLACE (city or town)

(State or country)

SalisburyDelaware

## MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (city or town)

(State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

unknownunknown

17. INFORMANT

(Address)

Mr. W. H. Elliott

306 Wicomico St. Saboty Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Chad. Point Cemetery

Date

Apr. 5, 1933

19. UNDERTAKER

(Address)

Holloway & Co.

20. FILED

(Address)

Saboty Maryland

Date

Apr. 5, 1933

By

W. H. Wauke

Signature

Registrar

Date of onset

## 21. DATE OF DEATH

April 3  
(Month) (Day), 1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 20, 1933, to Apr. 3, 1933

I last saw him alive on Apr. 2, 1933; death is said to have occurred on the date stated above, at 9:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Industrial  
Neuritis

Other Contributory Causes of Importance:

Neuritis

Name of operation      Date of

What test confirmed diagnosis?      Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Wauke M. D.(Address) Saboty Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 1923	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND CERTIFICATE OF DEATH

64363

## 1. PLACE OF DEATH

County WicomicoVillage or City Sabiney Md.Dr. Dick.

82-a

Registration Dist. No.

333

St. 13 Ward

Length of residence in city or town where death occurred

yrs. 6

mos.

ds.

How long in U. S. If of foreign birth?

yrs. mos.

ds.

## 2. FULL NAME

Epheus J. Holloway.(a) Residence: No 512 E. Pine St. Sabiney St., 13 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u>
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5a. If married, widowed, or divorced

HUSBAND of — (or) WIFE of —Suey Holloway.

## 6. DATE OF BIRTH (month, day, end year)

Dec. 21 - 1879

7. AGE <u>53</u>	Years	Months <u>3</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Machinist</u>
--------------------------------------------------------------------------------------------------------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Ran Mill.</u>
-----------------------------------------------------------------------------------------------------

10. Date deceased last worked at this occupation (month and year) <u>1929</u>	11. Total time (years) spent in this occupation <u>20 yrs.</u>
-------------------------------------------------------------------------------	----------------------------------------------------------------

12. BIRTHPLACE (city or town) <u>Sabiney</u>	(State or country) <u>Maryland</u>
----------------------------------------------	------------------------------------

13. NAME <u>Wm. J. Holloway.</u>
----------------------------------

14. BIRTHPLACE (city or town) <u>New Sabiney</u>	(State or country) <u>Maryland</u>
--------------------------------------------------	------------------------------------

15. MAIDEN NAME <u>Annie J. Dyer</u>
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16. BIRTHPLACE (city or town) <u>New Sabiney</u>	(State or country) <u>Maryland</u>
--------------------------------------------------	------------------------------------

17. INFORMANT <u>Wm. J. Holloway</u>	(Address) <u>512 E. Pine St. Sabiney Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral Home</u>	Date <u>April 12, 1933</u>
-------------------------------------------------------------	----------------------------

19. UNDERTAKER <u>Holloway &amp; Co.</u>	(Address) <u>Sabiney Maryland</u>
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20. FILED Date <u>Apr. 11, 1933</u>	Registrar <u>J. May Turner</u>
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April. 9.

(Month)

(Day)

1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to April 9, 1933I last saw him alive on April 9, 1933; death is said to have occurred on the date stated above, at 7:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis - hypertension Data of onset

## Other Contributory Causes of importance:

Cerebral hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. May Turner M. D.(Address) Sabiney Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	MAY 6 1933

BUREAU U. S.

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64384

333

## 1. PLACE OF DEATH

County Carroll Co.Village or City Salisbury

Length of residence in city or town where death occurred

yrs.

mos.

No. Perf. Gear Hospital, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

7 ds. How long in U. S. if of foreign birth? 7 yrs. 0 mos. 0 ds.2. FULL NAME Frederick D. Hadden(a) Residence: No. 100 St. Salisbury Md. St. 9 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE 63 about Years 1 Months 0 Days 0 If LESS than  
1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at about May 30 this  
occupation (month and  
year) 193212. BIRTHPLACE (city or town)  
(State or country)Salisbury Carroll Co. Md.13. NAME Ebie Hadden14. BIRTHPLACE (city or town)  
(State or country)Salisbury Md.15. MAIDEN NAME Martha Steele16. BIRTHPLACE (city or town)  
(State or country)Salisbury Md.17. INFORMANT Mrs. Martha E. Pitts(Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rockwall Md. Date Apr. 28, 193319. UNDERTAKER J. P. Stewart(Address) Salisbury Md.20. FILED Apr. 25, 1933(Address) May 2, 1933

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr. 24, 1933

(Month) (Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 20, 1933 to Apr. 24, 1933I last saw him alive on Apr. 23, 1933; death is saidto have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:cardio-angiocarditis 1933 Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Marionne M. D.(Address) Salisbury Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04365

## 1. PLACE OF DEATH

County

Village or City

Wicomico  
Salisbury-Peninsula Gen. Hospital

Registration Dist. No.

333

St. 13 Ward

Length of residence in city or town where death occurred

4 yrs.

1 mos.

0 ds.

How long in U. S. if of foreign birth?

0 yrs.

0 mos.

0 ds.

## 2. FULL NAME

(a) Residence: No.

Miss Edna M. Marshall

St. 13 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

✓

6. DATE OF BIRTH (month, day, and year)

July 19, 1887

7. AGE

45

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

December 19, 1932

Educator  
Director of Negro TrainingPublic Schools  
Normal Schools, Maryland11. Total time (years)  
spent in this  
occupation 26

12. BIRTHPLACE (city or town)

(State or country)

Tunis Mills

Talbot County Maryland

MOTHER

FATHER

13. NAME Charles Nicholas Marshall

14. BIRTHPLACE (city or town)

near St. Michaels

(State or country) Talbot County Maryland

15. MAIDEN NAME Rosa Redman

16. BIRTHPLACE (city or town)

Tunis Mills

(State or country) Talbot County Maryland

17. INFORMANT

Gelbert Marshall (Brother)

(Address) Easton Talbot County Maryland

18. BURIAL, CREMATION, OR REMOVAL

Spring Hill Cemetery

Place Easton Maryland Date 4/13/33 19

19. UNDERTAKER

Jones &amp; Son, Easton, Md.

(Address) Wall E. Johnson, Salisbury, Md.

20. FILED

Apr 13, 33

D. May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)10  
(Day)3  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Dec. 12, 1932, to April 10, 1933

I last saw her alive on April 10, 1933; death is said  
to have occurred on the date stated above, at 9 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Ovarian Cervical

Date of onset

Other Contributory Causes of importance:

Exhaustion

Name of operation Ovarian, Date of 4/13/33

What test confirmed diagnosis Microscopic Was there an autopsy? 200

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 200

If so, specify

(Signed) J. M. Turner  
(Address) Salisbury, Md. M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

BUREAU OF

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64366

MARYLAND TUBERCULOSIS SANATORIUM

## 1. PLACE OF DEATH.

County Cecil County  
Village or City Salisbury

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(23) EASTERN SHORE BRANCH  
Registration Dist. No. 333

SALISBURY, MD.

St. 13 Ward2. FULL NAME Paul W. Mitchell

(a) Residence: No.

500 E. Vine Street St. 13 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND OF Thelma W. Mitchell

6. DATE OF BIRTH (month, day, and year)

May 23, 1908

7. AGE <u>24</u>	Years	Months <u>10</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lineman9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Telephone Co.10. Date deceased last worked at this occupation (month and year) Jan. 193211. Total time (years) spent in this occupation 5 yrs12. BIRTHPLACE (city or town)  
(State or country)Wilmington  
MD

MOTHER FATHER

13. NAME See Mitchell14. BIRTHPLACE (city or town)  
(State or country)Wilmington  
MD15. MAIDEN NAME Bessie Polett16. BIRTHPLACE (city or town)  
(State or country)Madella  
MD17. INFORMANT Mr. & Mrs. W. Mitchell  
(Address) Carlton St. Salisbury, MD.18. BURIAL, CREMATION, OR REMOVAL  
Place Parsons Cem. Date April 17, 193319. UNDERTAKER Holloway & Co.  
(Address) Salisbury, Maryland20. FILED Apr 17, 1933 By V. May Turner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 15, 1933  
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from March 12, 1933 to April 15, 1933I last saw him alive on April 14, 1933; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis  
6 mo.  
ago.

Other Contributory Causes of importance:

Name of operation None Date of —What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Charles D. Steecken, M.D.  
(Signed) MARYLAND TUBERCULOSIS SANATORIUM  
(Address) EASTERN SHORE BRANCH  
SALISBURY, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

	Date of onset

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

	Date of onset
Peritonitis	3 days ago

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04307

## 1. PLACE OF DEATH

County Wicomico  
Village or City Manticoke

Registration Dist. No. 337St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Bertha R. NutterSt. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleCol.married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of:Oscar Nutter

6. DATE OF BIRTH (month, day, and year)

Oct 19 1894

7. AGE

Years 39 Months 5 Days 28If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years) spent in this occupation

25 yrs

12. BIRTHPLACE (city or town)

(State or country)

ManticokeMd

13. NAME

MOTHER

FATHER

Caleb Barkley

14. BIRTHPLACE (city or town)

(State or country)

ManticokeMd

15. MAIDEN NAME

MOTHER

Elizabeth King

FATHER

WrapsMd

17. INFORMANT

(Address)

Oscar NutterManticoke

18. BURIAL, CREMATION, OR REMOVAL

Place

ManticokeDate April 19, 1933

19. UNDERTAKER

(Address)

Mrs. L. M. Nutter & SonsManticoke

20. FILED

(Address)

April 17, 1933P. Worlford Waller

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 14

(Dey)

(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from March 20, 1933 to April 16, 1933I last saw her alive on April 14, 1933; death is said to have occurred on the date stated above, at 6:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis - 15 Month

Other Contributory Causes of importance:

Name of operation

Sequelae, symptoms, history & aperient exam.

Date

When

Name

of

diagnosis

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

L. Herbert Nutter

M. D.

(Address)

Salisbury Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	July 5, 1927
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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04368

## 1. PLACE OF DEATH

County, MarylandVillage or City, Schubay

Length of residence in city or town where death occurred yrs. mos. ds.

1862

Registration Dist. No.

333

St. 15 Ward

No. Donald Fred Naylor (If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Lucy Jane Parker(a) Residence: No. Schubay, Md. #3 St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofClayton C. Parker

6. DATE OF BIRTH (month, day, and year)

June 17, 1887.

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

50

9

7

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)ff. Total time (years)  
spent in this  
occupation

At Home

12. BIRTHPLACE (city or town)

(State or country)

f3. NAME

Clayton C. Parker

f4. BIRTHPLACE (city or town)

(State or country)

15. MAREN NAME

Maria John Leonard

f6. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

f8. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Signature

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 21

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

April 21, 1933, to April 24, 1933

Last saw h. alive on April 24, 1933; death is said  
to have occurred on the date stated above, at 7:50 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Fall down stairs

Date of onset

Other Contributory Causes of importance:

Cerebral hemorrhageName of operation Displaced Date of April 24, 1933What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 24, 1933Where did injury occur? Her home (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Specify the place of injury At homeManner of Injury Fell down cellar stairsNature of injury Injury to head24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Morris M. D.(Address) Schubay, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04309

## 1. PLACE OF DEATH

County *Wicomico*Village or City *Parsonbury*

Length of residence in city or town where death occurred

87 yrs.

mes.

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 333

St. 5 Ward

No. *R.D. #2.*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *George W. Pudue*(a) Residence: No *R.D. #2 Parsonbury Md.* St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <input checked="" type="checkbox"/> Male	4. COLOR OR RACE <input checked="" type="checkbox"/> White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <input checked="" type="checkbox"/> Widower
-------------------------------------------------	------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

5a. If married, widowed, or divorced  
HUSBAND OF *Millie J. Pudue*6. DATE OF BIRTH (month, day, end year) *Feb. 12 - 1846*7. AGE Years *87* Months *2* Days *17* If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Farmer*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *None*

10. Date deceased last worked at this occupation *Aug. 22, 1933* *Retiring*

11. Total time (years) spent in this occupation *87 years*

12. BIRTHPLACE (city or town) *near Parsonbury*  
(State or country) *Maryland*13. NAME *Elijah Pudue*  
14. BIRTHPLACE (city or town) *near Parsonbury*  
(State or country) *Maryland*15. MAIDEN NAME *Henrietta Conklin*  
16. BIRTHPLACE (city or town) *Wango*  
(State or country) *Maryland*17. INFORMANT *Harland R. Pudue*  
(Address) *Parsonbury Maryland*18. BURIAL, CREMATION, OR REMOVAL  
Place *Parsonbury Md.* Date *May 1, 1933*19. UNDERTAKER *Holloway & Co.*  
(Address) *Sabrely Maryland*20. FILED *May 1, 1933* *D. May Turner*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *April 29*

(Month)

(Day)

(Year) *1933*22. I HEREBY CERTIFY. That I attended deceased from *April 24*, 1933, to *April 29, 1933*I last saw him alive on *April 29, 1933*; death is said to have occurred on the date stated above, at *5:30 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Chapleuf*

Date of onset

*1 day*

Other Contributory Causes of importance:

*Arteriosclerosis**10 years*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Douglas R. Boomer*

M. O.

(Address) *Sabrely Maryland*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64370

## 1. PLACE OF DEATH

County MonroeVillage or City AllenLength of residence in city or town where death occurred 33 yrs.

131

Registration Dist. No. 333St. 7

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 1 ds. 0 How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME George Melvin Phillips(a) Residence: No. Allen, Md.

(Usual place of abode)

St. 7 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Emma H. Phillips

6. DATE OF BIRTH (month, day, and year)

Aug. 30, 1861

7. AGE Years 70 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SICK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

4/15/33 11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country)

Maryland13. NAME William Phillips

14. BIRTHPLACE (city or town) (State or country)

Maryland15. MAIDEN NAME Media Ann Jackson

16. BIRTHPLACE (city or town) (State or country)

Maryland17. INFORMANT Miss Pauline Phillips(Address) Allen, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Allen, Md.Date 4/18/3319. UNDERTAKER The Hill & Wilson Co.(Address) Salisbury, Md.20. FILED Apr. 18, 1933By May Turner

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 15, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 20, 1932, to Apr. 15, 1933

Last saw him alive on Apr. 15, 1933; death is said

to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Ch. Val. Heart  
Allen - Peckers

Date of onset

1933

1933

Other Contributory Causes of Importance:

Ch. Int. Neuritis 1933

Name of operation  Date ofWhat test confirmed diagnosis?  Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury 19Where did injury occur? 

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury Nature of Injury 

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. D. Disney M. D.(Address) Marshallton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4371

## 1. PLACE OF DEATH

County WicomicoVillage or City Hebron in SalisburyLength of residence in city, or town where death occurred 20 yrs.

mos.

ds.

How long in U. S. if of foreign birth? 0 yrs.

mos.

ds.

210-m

Registration Dist. No. 333

333

9

Ward

No. Pen Gear Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William H. Phillips Jr.(a) Residence: No. Hebron, Md.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 1 1912

7. AGE

20

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country)

HebronMd.

MOTHER FATHER

13. NAME

Wm. H. Phillips

14. BIRTHPLACE (city or town)

(State or country)

QuinticoWicomico Co. Md.

15. MAIDEN NAME

Bessie Davis

16. BIRTHPLACE (city or town)

(State or country)

QuinticoWicomico Co. Md.

17. INFORMANT

(Address)

Clarence W. Miles2400 Baltimore Blvd. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Hebron Cem. HebronApril 15, 1933

19. UNDERTAKER

(Address)

The Hill & Johnson Co.Salisbury Md.

20. FILED

(Address)

Apr. 15, 1933W. May Turner

Registrar.

## 21. DATE OF DEATH

April131933

## 22. I HEREBY CERTIFY. That I attended deceased from

19 \_\_\_\_\_ to

19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Automobile accident - internal injuries and shock died almost immediately after arrival Hospital

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_

Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/13/33Where did injury occur? Wicomico County, Maryland

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Salisbury - Mandel & S. late. RetailManner of Injury Automobile collisionNature of injury Internal injuries, shock, etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) S. 747 White, Carpenter M.D.(Address) Salisbury Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

64372

## 1. PLACE OF DEATH

County Wicomico  
Village or City Salisbury

Registration Dist. No. 333

Length of residence in city or town where death occurred

0 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. Lake St., 9 Wardmos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

(a) Residence: No. Lake St. Salisbury St., 9 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Apr 9, 1933

7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>
10. Date deceased last worked at this occupation (month and year)	ff. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Salisbury

13. BIRTHPLACE (city or town)  
(State or country) None

15. MAIDEN NAME Sarah Elizabeth Cannon

16. BIRTHPLACE (city or town)  
(State or country) None

17. INFORMANT Sayah Strickf  
(Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Lakeside Cem. Date Apr 10, 33

19. UNDERTAKER Joseph Parker (acting)  
(Address) Salisbury, Md.

20. FILED Apr 10, 33 At May Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Apr 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from No physician, to an attendant, to alive on 19, 1933; death is said

I last saw him alive on 19, 1933; death is said to have occurred on the date stated above, at 11:00 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Accident from Fall

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, f9

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) St. Mary Turner, Local Resident(Address) Salisbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

643.3

## 1. PLACE OF DEATH

County MdVillage or City Salisbury

Length of residence in city or town where death occurred

— yrs. — mos. — ds.

Registration Dist. No.

333

No. Peninsula Hospital St. 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of no6. DATE OF BIRTH (month, day, and year) Apr 2, 1933

7. AGE <u>Dead Borned</u>	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>no</u>	11. Total time (years) spent in this occupation <u>no</u>
-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>no</u>
----------------------------------------------------------------------------------------------

10. Date deceased last worked at this occupation (month and year) <u>no</u>
-----------------------------------------------------------------------------

12. BIRTHPLACE (city or town) <u>Salisbury</u> (State or country)
----------------------------------------------------------------------

13. NAME <u>Oscar Lee Dornan</u>
----------------------------------

14. BIRTHPLACE (city or town) <u>Salisbury</u> (State or country)
----------------------------------------------------------------------

15. MAIDEN NAME <u>Irene Elizabeth Dornan</u>
-----------------------------------------------

16. BIRTHPLACE (city or town) <u>Salisbury</u> (State or country)
----------------------------------------------------------------------

17. INFORMANT <u>Mrs. James A. Dornan</u> (Address)
--------------------------------------------------------

18. BURIAL, CREMATION, OR REMOVAL Place <u>Public Cemetery</u> Date <u>Apr 1, 1933</u>
-------------------------------------------------------------------------------------------

19. UNDERTAKER <u>Jack Stewart</u> (Address)
-------------------------------------------------

20. FILED <u>Apr 3, 1933</u> By <u>W. May</u>
-----------------------------------------------

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr 2, 1933  
(Month) Apr (Day) 1933 (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

10 to 10,  
I last saw him alive on Apr 2, 1933; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Natura of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. A. Barr M.D.

(Address) Salisbury

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*See letter under Barnes 5/26/32 for authority  
to change sign  
pe.*

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

643.4

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

82-a

Registration Dist. No.

336

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BAKER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date \_\_\_\_\_

19. UNDERTAKER

(Address)

20. FILED

Date \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

1

, 1933

22. I HEREBY CERTIFY. That I attended deceased from

May 31, 1933, to April 1, 1933; death is said

to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage Date of onset April 31

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signature)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

HURTAU V. B.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

643.5

## 1. PLACE OF DEATH

County WicomicoVillage or City New SalisburyLength of residence in city or town where death occurred 21 yrs.Registration Dist. No. 333

333

No. Spring Hill Road St. 9 Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 0 ds. 0 How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

(a) Residence: No. Robert Lee Bounds(b) New Salisbury, Md. St. 9 Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 2 1911

7. AGE

Years 21Months 4Days 11If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc. Dairyman9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Apr 12 193311. Total time (years)  
spent in this  
occupation 2 yrs.

12. BIRTHPLACE (city or town)

Wicomico Co.(State or country) Maryland

## MOTHER FATHER

13. NAME Elisha N. Bounds14. BIRTHPLACE (city or town) Wicomico Co.(State or country) Maryland15. MAIDEN NAME Laura D. Powell16. BIRTHPLACE (city or town) Wicomico Co.(State or country) Maryland17. INFORMANT Mr. Harry L. Bounds(Address) Salisbury, Md. A.T.D. 2

18. BURIAL, CREMATION, OR REMOVAL

SalisburyPlace Parsons Cem. Md. Date April 15 1933

19. UNDERTAKER

(Address) The Hill & Johnson Co.

20. FILED

Apr 15 1933W. May Turner

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April13, 1933

22. I HEREBY CERTIFY, That I attended deceased from

19 \_\_\_\_\_ to

19 \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Automobile accident -  
right leg a right arm  
internal injuries and  
death

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 13 1933Where did injury occur? Wicomico County, Maryland

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry - Maryland State HighwayManner of injury Automobile collisionNature of injury right leg right arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) S. T. L. White, Coroner, M.D.  
(Address) Salisbury, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M  
T  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64370

## 1. PLACE OF DEATH

County WicomicoVillage or City SalisburyLength of residence in city or town where death occurred 60 yrs.

93-a

Registration Dist. No. 333No. 704 Camden Ave.St. 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Sallie Jane Ruark(a) Residence: No. 704 Camden Ave.

(Usual place of abode)

St. 13 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female White Single

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 30, 1860.

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.7271

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Maryland

## MOTHER FATHER

13. NAME George W. B. Ruark14. BIRTHPLACE (city or town)  
(State or country)Maryland15. MAIDEN NAME Elizabeth Leader16. BIRTHPLACE (city or town)  
(State or country)Maryland17. INFORMANT Miss Mary Beller Ruark  
(Address)Salisbury, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Salisbury, Md. Date 4/4/33 19.19. UNDERTAKER The Will & Johnson Co.  
(Address)Salisbury, Md.20. FILED Apr. 4 1933 D. May Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 1 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Aug 1909 19 to 4-1 1933; death is saidI last saw her alive on April 2 1933; death is said  
to have occurred on the date stated above, at 8:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Auto myocarditisDate of onset 4-1-33

Other Contributory Causes of importance:

Genuine arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Mary BellerSalisbury, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Other contributory causes of importance:	
Gallstones	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

643.7

## 1. PLACE OF DEATH

County WicomicoVillage or City SabineyLength of residence in city or town where death occurred 20 yrs.

mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

Dr. Brown

Registration Dist. No. 333St. 5 WardNo. 501 Baker2. FULL NAME Laura E. Smith(a) Residence: No. 501, Baker st. Sabiney Md. S. 5 Ward.  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
DIVORCED (write the word)

6a. If married, widowed, or divorced

(or) WIFE of

Peter R. Smith

6. DATE OF BIRTH (month, day, and year)

Aug. 26, 1875  
7. AGEYears 57Months 7Days 20If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Sept. 193211. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Near DelmarDelaware

MOTHER FATHER

13. NAME

Barron Leake

14. BIRTHPLACE (city or town)

(State or country)

Near DelmarDelaware

15. MAIDEN NAME

Frances Elbe

16. BIRTHPLACE (city or town)

(State or country)

DelawareDelaware

17. INFORMANT

(Address)

Mr. Peter R. Smith501, Baker st. Sabiney Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Parsons Cem.Sept. 18, 1933

19. UNDERTAKER

(Address)

Holloway & Co.Sabiney Maryland

20. FILED

Date

Apr 18, 1933W. May Turner

Registrar.

No. 501 BakerSt. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)16  
(Day)1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 18, 1933, to April 16, 1933

I last saw her alive on April 16, 1933; death is said  
to have occurred on the date stated above, at 2:15 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma of Breast

Date of onset

1932

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George J. Brown

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	MAY 6 1923	1921

BUREAU V. 2

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND CERTIFICATE OF DEATH

643.8

## 1. PLACE OF DEATH

County *Wicomico*Village or City *Sabiney*

Length of residence in city or town where death occurred

3 yrs. 9 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

*Dr. Hanner*

119

Registration Dist. No. *333*

St. 18 Ward

No. 509 Franklin

119

13 Ward.

2. FULL NAME *Roland Edward Smith*

(a) Residence: No. 509 Franklin St. Sabiney, 13 Ward.

(Usual place of abode *Md.*)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Jan. 11-1933*7. AGE : Years *0* Months *3* Days *9* If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. *None*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *None*10. Date deceased last worked this occupation (month and year) *None*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) *Sabiney Maryland*13. NAME *Edward W. Smith*14. BIRTHPLACE (city or town)  
(State or country) *Somerset Co. Maryland*15. MAIDEN NAME *Lottie Williams*16. BIRTHPLACE (city or town)  
(State or country) *Sabiney Maryland*17. INFORMANT *Mr. Lottie Smith*  
(Address) *509 Franklin St. Sabiney Md.*18. BURIAL, CREMATION, OR REMOVAL.  
Place *Shad Pond, Md.* Date *April 27, 1933*19. UNDERTAKER *Holloway & Co.*  
(Address) *Sabiney Maryland*20. FILED *4/27/1933* *Macfarlane*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *April 20*

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*April 15, 1933, to April 20, 1933*I last saw him live on *April 20, 1933*; death is saidto have occurred on the date stated above, at *2: P. M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*acute ileo colitis* *onset*

Date of onset

Other Contributory Causes of importance:

*malnutrition*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

- Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed) *Macfarlane* *M. D.*(Address) *Sabiney Maryland*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

RECEIVED  
BUREAU  
Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

043.9

## 1. PLACE OF DEATH

County

Hagerstown

Dr. Potter

(18)

Registration Dist. No.

333

Village or City

Sabiney Maryland

West Nine

St. 13 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos.

ds.

## 2. FULL NAME

Rosinefield Smith

St. 13 Ward.

(a) Residence: West Nine Sabiney

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Amanda C. Smith

6. DATE OF BIRTH (month, day, and year)

Mar. 21, 1856

7. AGE

Years 77 Months 0 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1931

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town)

(State or country) Shad Point Maryland

MOTHER

FATHER

13. NAME

Joshua Smith

14. BIRTHPLACE (city or town)

(State or country) Shad Point Maryland

15. MAIDEN NAME

Caroline Jenkins

16. BIRTHPLACE (city or town)

(State or country) Shad Point Maryland

17. INFORMANT

(Address) Clifford D. Smith

18. BURIAL, CREMATION, OR REMOVAL

Place Shad Point Cemetery April 8, 1933

19. UNDERTAKER

(Address) Holloway &amp; Co.

20. FILED

Apr. 8, 1933 &amp; May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 6, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr. 4, 1933 to Apr. 6, 1933

I last saw him alive on Apr. 6, 1933; death is said

to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Occupation Chronic indigestion

Night Watchman

Other Contributory Causes of importance:

Tetanus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. Smith M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

64380

## 1. PLACE OF DEATH

County *Wicomico*Village or City *Salisbury*

Length of residence in city or town where death occurred

63 yrs. 11 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 333

No. *Pen Gen Hospital*, 13 Ward2. FULL NAME *Willingard Tankersley*

(a) Residence: No.

*Deals Island, Md.*

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of*Margaret A. Tankersley*

6. DATE OF BIRTH (month, day, and year)

May 10-1889

7. AGE Years 63 Months 11 Days 11 If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *Up present 1933*11. Total time (years)  
spent in this  
occupation *8 yrs.*12. BIRTHPLACE (city or town)  
(State or country)*Deals Island**Md.*13. NAME *Valentine Tankersley*14. BIRTHPLACE (city or town)  
(State or country)*Deals Island**Md.*15. MAIDEN NAME *Catherine Tankersley*16. BIRTHPLACE (city or town)  
(State or country)*Deals Island**Md.*17. INFORMANT *Jennings Tankersley*

(Address)

*Deals Island, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Deals Island*Date *Apr. 24, 1933*19. UNDERTAKER *Fred T. Gelsby*

(Address)

*Deals Island, Md.*20. FILED *Apr. 23, 1933*Date *Apr. 23, 1933*

21. MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Jul 12, 1933  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from  
Jul 12, 1933 to Jul 12, 1933I last saw him alive on Jul 12, 1933; death is said  
to have occurred on the date stated above, at 5 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Heart attack  
Accidental drowning*Date of onset  
4/22/33

4/22/33

Other Contributory Causes of importance:

*Sin.*Name of operation *V.* Date of *4/22/33*What test confirmed diagnosis? *C.* Was there an autopsy? *+*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide *Accident* Date of Injury *4/22, 1933*Where did injury occur? *(Specify city or town, county and State)*

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury *Hurled out in process*Nature of Injury *as above*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *(Signed)* *R. H. Gelsby* M. D.(Address) *Deals Island*

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

<u>Arteriosclerosis</u>	<u>1915</u>
<u>Chronic interstitial nephritis</u>	<u>1921</u>
<u>Cerebral hemorrhage</u>	<u>July 5, 1927</u>

The principal cause of death and related causes of importance were as follows:

<u>Attack of epilepsy</u>	<u>1 week ago</u>
<u>Run over by street car</u>	<u>1 week ago</u>
<u>Peritonitis</u>	<u>3 days ago</u>

Other contributory causes of importance:

<u>Gallstones</u>	<u>May 1, 1923</u>

Other contributory causes of importance:

<u>Gastroenteritis</u>	<u>1 year</u>

## Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04381

## 1. PLACE OF DEATH

(131)

County

Wicomico

Registration Dist. No.

373

Village or City

Bel Air, Md.

No. Den. of birth, H. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

## 2. FULL NAME

(a) Residence: No.

Snow Hill, Md.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OR

(or) WIFE

Elizabeth Timmons

6. DATE OF BIRTH (month, day, and year)

Sept 14 1867

7. AGE

65

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Laborer.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

13. NAME

Sam Timmons

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Preston Timmons

Second Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Burpines, Md.

Date

Apr. 19, 1933

19. UNDERTAKER

(Address)

J. W. Barber

Bel Air, Md.

20. FILED

Date

Apr. 18, 1933

Name

V. May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4-17-

(Month) (Day)

1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

4-13, 1933, to 4-17, 1933; death is said

to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Obstruction of the left lung  
Influenza

Other Contributory Causes of importance:

Influenza and pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 4-19-33

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64382

## 1. PLACE OF DEATH

County HancockVillage or City Salisbury

Length of residence in city or town where death occurred

yrs.

mos.

10

ds.

No. 104 Penna Ave.

Registration Dist. No.

333

St. 15 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Beatty Gray(a) Residence: No. Baldwin Baltimore Co. Md. St.

Ward.

Baldwin, Balto. Co. Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofAnn Sawyer Gray

## 6. DATE OF BIRTH (month, day, and year)

Sept. 17, 1861.

## 7. AGE

Years

71

Months

6

Days

71

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)1930.11. Total time (years)  
spent in this  
occupation 35 yrs.

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

## MOTHER FATHER

13. NAME William Beatty Gray

14. BIRTHPLACE (city or town)

(State or country)

North Carolina15. MAIDEN NAME Maria Smith

16. BIRTHPLACE (city or town)

(State or country)

North Carolina

## 17. INFORMANT

(Address) Brooke Gray,Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Longview, Md. Date 4/14/33

19. UNDERTAKER

(Address) The Will K. Johnson Co.Salisbury, Md.

20. FILED

Date Apr 14, 1933 No. May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 11,

(Month)

(Day)

1933  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

April 5, 1933 to April 11, 1933I last saw him alive on April 6, 1933; death is said  
to have occurred on the date stated above, at 8:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Industrial Accidents

Date of onset

2.

Other Contributory Causes of importance:

acute myocarditis 10 days

Date of onset

2.

Nature of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

2.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. K. Johnson M. D.(Address) Salisbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

64383

V. S. No. 1  
 T  
 MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County WisconsinVillage or City Calais

820

Registration Dist. No. 337St.      Ward     No.     

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred      yrs.      mos.      ds. How long in U. S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

(a) Residence: No.     Eliza H. WainrightSt.      Ward.     

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

male col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofOctava Wainright

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years 76 Months 5 Days 28 If LESS than1 day,      hrs.or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 193011. Total time (years) spent in this occupation 30 yearsFarmer

12. BIRTHPLACE (city or town)

(State or country)

Calais

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED	
Other contributory causes of importance:	
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED	
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

64384

## 1. PLACE OF DEATH

County MarylandVillage or City Salisbury

Length of residence in city or town where death occurred

6 yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Howard P. Hard(a) Residence: No. 703 William

(Usual place of abode)

No. 703 William

St. 5

Ward

Registration Dist. No.

333

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widower

## 5a. If married, widowed, or divorced

HUSBAND of ✓

(or) WIFE of

Mary A. Hard

## 6. DATE OF BIRTH (month, day, and year)

May 5, 1861.

7. AGE

Years 70 Months 11 Days 70If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

1979

11. Total time (years)  
spent in this  
occupation1 year12. BIRTHPLACE (city or town)  
(State or country)Delaware

## MOTHER FATHER

## 13. NAME

Jacob Hard14. BIRTHPLACE (city or town)  
(State or country)Delaware

## 15. MARRIED NAME

Ansilia Collins16. BIRTHPLACE (city or town)  
(State or country)Delaware

## 17. INFORMANT

Mrs. U. C. Timbrell,

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Laurel, Md.Date 4/76/33, 19

## Place

## 19. UNDERTAKER

The Hill & Johnson Co.

(Address)

## 20. FILED

4/26, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

25

1933

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Mar 23, 1933 to Mar 25, 1933I last saw him alive on Mar 23, 1933; death is said  
to have occurred on the date stated above, at 11:25 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Benectic coronaryDate of onset  
Mar 23

## Other Contributory Causes of importance:

Chronic bronchitis  
arteriosclerosis

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. W. C. Timbrell  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04415

## 1. PLACE OF DEATH.

County

Village or City

Length of residence in city or town where death occurred

52 yrs.

131

Registration Dist. No.

333

St.

7

Ward

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME.

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male Negro

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Martha J. Williams

6. DATE OF BIRTH (month, day, and year)

7. AGE 75 Years Months 10 Days 18 If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation 52

Farmer.

12. BIRTHPLACE (city or town)

(State or country)

Monie, Md. Somerset County, Md.

13. NAME

George H. Williams, Jr.

Monie, Md. Somerset County, Md.

14. BIRTHPLACE (city or town)

(State or country)

Monie, Md. Somerset County, Md.

15. MAIDEN NAME

Sarah Patterson

16. BIRTHPLACE (city or town)

(State or country)

Monie, Md. Somerset County, Md.

17. INFORMANT

(Address)

Cassandra H. Williams

Somerset Co., Md.

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Place of Burial: Greenwood Cemetery

Date: May 3, 1933

19. UNDERTAKER

(Address)

J. G. Steevor

Salisbury, Md.

20. FILED

(Address)

May 1, 1933 H. May Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

30

, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 2, 1933, to April 30, 1933; death is said

to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic Detrital Nephritis

Date of onset

not known

Other Contributory Causes of importance:

Hemorrhage

4-24-33

6 days

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. O. Browne

M. D.

Salisbury, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. 2

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04385

333

## 1. PLACE OF DEATH

County Maryland No. 95-8  
 Village or City Manticoke, Salisbury St. 3 Ward 5  
 If death occurred in a hospital or institution, give its NAME instead of street and number

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

James A. Willing M.D. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (a) Residence: No. Manticoke, Md. If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>		
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ruth Willing</u>				
6. DATE OF BIRTH (month, day, and year) <u>Sept. 6 1874</u>	7. AGE <u>58</u> Years	Months <u>7</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Sailor</u>			11. Total time (years) <u>30</u> spent in this occupation <u>yes</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>			12. BIRTHPLACE (city or town) (State or country) <u>Manticoke, Md.</u>	
10. Date deceased last worked at this occupation (month and year) <u></u>			13. NAME <u>George Willing</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Manticoke, Md.</u>			15. MAREN NAME <u>Mary A. Sonner</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Manticoke, Md.</u>			17. INFORMANT <u>Police, Twining, Md.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Buried</u> Date <u>Apr. 22, 1933</u>			19. UNDERTAKER <u>James A. Willing &amp; Sons</u>	
20. FILED <u>Apr. 20, 1933</u> By <u>May Turner</u>			21. DATE OF DEATH <u>April 19, 1933</u>	

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

april 19, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from April 19, 1933 to April 19, 1933.  
I last saw him alive on April 19, 1933, death is said to have occurred on the date stated above, at 10 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Appendicitis Date of onset April 19, 1933

## Other Contributory Causes of importance:

2

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. O.

R. M. Twining  
Manticoke, Md.

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04386

## 1. PLACE OF DEATH

County *Wicomico*Village or City *Salisbury - Peninsula General Hospital*

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number) St., 13 Ward

yrs. mos. ds.

yrs. mos. ds.

2. FULL NAME *Sarah Willis*

(a) Residence: No.

*Mardela Md. P. O.* St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *MARRIED*

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of*Oden F. Willis*

6. DATE OF BIRTH (month, day, end year)

*Dec. 10, 1875*

7. AGE Years

*57*

Months

*3*

Days

*21*

If LESS than

1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

*Housewife*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or county)

*Laurel, Md.*

## MOTHER FATHER

13. NAME *Daniel J. Bradley*

14. BIRTHPLACE (city or town)

(State or county)

*Virginia*15. MARRIED NAME *Ruth G. Hooper*

16. BIRTHPLACE (city or town)

(State or county)

*Carroll County*17. INFORMANT *Clair G. Blundell*

(Address)

*2039 W. Lacaille St.*

18. BURIAL, CREMATION, OR REMOVAL

*Baltimore, Md.*Place *Laurel, Md.* Date *Apr. 3, 1933*19. UNDERTAKER *Frederick Brause*

(Address)

*Baltimore, Md.*20. FILED *Apr. 4, 1933*

(Address)

*W. May Turner*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*April 1st*

(Month)

(Day)

, 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

*2/17*, 1933, to *4/1*, 1933; death is saidto have occurred on the date stated above, at *3:30* P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Obstetrics*

Date of onset

Other Contributory Causes of importance:

*Obstetrics**none*

Date of

What test confirmed diagnosis *Cystoscopy* Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed)

*Clair G. Blundell*

M. D.

(Address)

*Salisbury, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN